

Date:	Time:	INTERAGENCY INCIDENT WAYBILL		Page ____ of ____
Ship To:		Shipped From:		
Incident name:		Driver's signature:		
Incident number:		Carrier/Driver name:		
Accounting/Mgmt Code:		Vehicle number:	Trlr number:	
Contact name:		Pieces:	Weight:	
Contact phone:		ETD:	ETA:	

HAZARDOUS MATERIALS DECLARATION				
Proper Shipping Name	Hazard Class	Identification Number	Packing Group	Total Quantity Units / Gross weight

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and in the proper condition for transportation according to the applicable regulations of the Department of Transportation.

SHIPPER: "National Interagency Support Caches"

_____ Signature of Shipper	_____ 1-800-424-9300 _____ Emergency Response Phone Number
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Item #	NFES #	Quantity	U/I	Item Description	Property Number / Remarks
Received by (signature)			Position Title		Date/Time

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